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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

| SERIAL NO.   | FILING DATE | _ |
|--------------|-------------|---|
| APPLICANT(S) |             |   |

CLAIMS

|                 | AS I          | FILED  | AFTER<br>1st AMENDMENT                           |                | AFTER<br>2nd AMENDMENT                           |                |
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| TOTAL           | <del> </del>  | +  | +  | <del>  _</del> | +  | <del>  _</del> |
| IND.            | ユ             | J <b>_</b> ₽                                     | <u> </u>   | J <b>_</b> ↓   | <u> </u>   | <b>」</b>       |
| TOTAL<br>DEP.   |               | _  | 1  | _              | 1  | _              |
| TOTAL<br>CLAIMS | 20            | (LAS)  | Į.   | 8229           | rs.  | 12.5           |

| *   | DEP.       |
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| 51       52       53       54       55       56       57       58       59       60       61       62       63       64       65       66       67       68 | DEP.       |
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| IND.  |            |
| DEP.  | <b>—</b> * |
| TOTAL   | **         |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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